| | 18-12920-mew | Doc 1 Filed 09/26/18 Entered 09 | 9/26/18 11:04:42 Main Document |
|--|--|---|---|
| alik debim kudum da masa qaraqin qildi kumum darma asipi 1944 qilki debi da da sami miri, pariyal sebbiqilan | Fill in this information to ident United States Bankruptcy Court (SOUTHERN Case number (If known): | fy your case: | ☐ Check if this is an |
| | Official Form 101 /oluntary Peti | tion for Individuals Fil | ing for Bankruptcy 12/17 |
| sa Be in (if | enter 2 to distinguish between time person must be Debtor 1 in a same as complete and accurate as formation. If more space is neeknown). Answer every question | them. In joint cases, one of the spouses must reponal of the forms. possible. If two married people are filing together, indeed, attach a separate sheet to this form. On the to | bout the spouses separately, the form uses <i>Debtor 1</i> and ort information as <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The both are equally responsible for supplying correct op of any additional pages, write your name and case number |
| | Your full name | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| | Write the name that is on your | Jose | 변경 - 4 - 4 |
| | government-issued picture identification (for example, your driver's license or | First name Ramon | First name |
| | passport). Bring your picture | Middle name Soto German | Middle name |
| | identification to your meeting with the trustee. | Last name | Last name |
| | | | to a contract to the contract |
| | | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2 . | All other names you | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |

(ITIN)

Include your married or

3. Only the last 4 digits of

your Social Security number or federal

Individual Taxpayer

Identification number

maiden names.

Middle name

Last name

First name

Middle name

Last name

OR

Middle name

Last name

First name

Middle name

Last name

XXX

OR

9 xx - xx

- xx - 6261

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Jose Ramon Debtor 1 Soto German Case number (if know About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. and Employer ☐ I have not used any business names or EINs. **Identification Numbers** (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names Business name Business name EIN 5. Where you live If Debtor 2 lives at a different address: 517 W 184th St Apt 9 Number Number Street New York NY 10033 ZIP Code State ZIP Code New York County County If your mailing address is different from the one If Debtor 2's mailing address is different from above, fill it in here. Note that the court will send yours, fill it in here. Note that the court will send any notices to you at this mailing address. any notices to this mailing address. Number Street Number Street P.O. Box P.O. Box City State ZIP Code City State ZIP Code 6. Why you are choosing Check one: Check one: this district to file for Over the last 180 days before filing this petition, Over the last 180 days before filing this petition, bankruptcy I have lived in this district longer than in any I have lived in this district longer than in any other district. other district. I have another reason. Explain. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) (See 28 U.S.C. § 1408.)

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| Debtor 1 | Jose Ramon First Name Middle N. | ame | Soto Germa | an | - | Case number (# | known) | | |
|------------------------------------|--|--|--|-------------------------------------|---|--|---|--|--|
| | l | | | | | | | | |
| Part 2: | Tell the Court Abo | ut Your i | 3ankrupte: | y Case ———— | * ***** | | | | |
| Bank | chapter of the ruptcy Code you | Check of for Bank | one. (For a b kruptcy (Forr | rief description on 2010)). Also, g | of each, see <i>Noti</i> to to the top of pa | ce Required by 11 age 1 and check t | 1 U.S.C. § 342(b) for Individuals Filing the appropriate box. | | |
| are c unde | hoosing to file r | Z Cha | Chapter 7 | | | | | | |
| - ! | | 🗆 Cha | pter 11 | | | | | | |
| | | 🔲 Cha | pter 12 | | | | | | |
| or anneance reserve coast moreona. | raping to the state of the stat | Cha | pter 13 | | | | | | |
| 8. How | you will pay the fee | loca you subt with I ne App | I will pay the entire fee when I file my petition. Please check with the clerk's office in y local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or chec with a pre-printed address. ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). ☐ I request that my fee be waived (You may request this option only if you are filing for Clean By law, a judge may, but is not required to, waive your fee, and may do so only if your income. | | | | | | |
| | you filed for uptcy within the | pay Cha | the fee in ii pter 7 Filin | nstallments). If | you choose th | is option, you m | ur family size and you are unable to nust fill out the <i>Application to Have the</i> with your petition. | | |
| last 8 | years? | Yes. | District | | When | MM / DD / YYYY | Case number | | |
| | | | District | | When | | Case number | | |
| | | | District | | 3.8.7 0 mm | MM / DD / YYYY | | | |
| | | | DISTRICT | | When | MM / DD / YYYY | Case number | | |
| cases | ny bankruptcy pending or being by a spouse who is | Ø No □Yes. | Debtor | | | | Relationship to you | | |
| not fil you, c | ing this case with or by a business er, or by an | Relative account of | | | | | Case number, if known | | |
| | | | Debtor | | | | Relationship to you | | |
| | | | District | | When | MM / DD / YYYY | Case number, if known | | |
| 11. Do yo reside | u rent your nce? | No. Yes. | residence? | andlord obtained to line 12. | | | and do you want to stay in your f Against You (Form 101A) and file it with | | |

this bankruptcy petition.

| | 18-12920-mew | Doc 1 | | Entered 09/26/18 11:04:42 Pg 4 of 55 | Main Document |
|--|---|-------------------------------|---|--|---|
| Debtor | 1 Jose Ramon First Name Middle Nat | | Soto German Last Name | Case number (if known) | |
| Part | 8: Report About Any | Business | es You Own as a So | le Proprietor | |
| of bu A: bu inc se a c LL If y so se | re you a sole proprietor any full- or part-time usiness? sole proprietorship is a siness you operate as an dividual, and is not a parate legal entity such as corporation, partnership, or C. you have more than one le proprietorship, use a parate sheet and attach it this petition. | Yes. I | Health Care Busines Single Asset Real Es Stockbroker (as defir | | ≥ Code |
| Ch Ba are de Foi bus | e you filing under lapter 11 of the lankruptcy Code and e you a <i>small business btor?</i> If a definition of <i>small siness debtor</i> , see U.S.C. § 101(51D). | can set apmost receany of the | ppropriate deadlines. If yent balance sheet, stater ese documents do not ex am not filing under Cha am filing under Chapter he Bankruptcy Code. | , the court must know whether you are a small you indicate that you are a small business deterent of operations, cash-flow statement, and xist, follow the procedure in 11 U.S.C. § 1116(apter 11. r 11, but I am NOT a small business debtor according the small business debtor according the court of the court in the co | otor, you must attach your federal income tax return or if 1)(B). |
| Part 4 | Report if You Own | or Have A | ny Hazardous Prop | erty or Any Property That Needs Imm | ediate Attention |
| pro alle of | you own or have any operty that poses or is eged to pose a threat imminent and entifiable hazard to | ☑ No ☐ Yes. | What is the hazard? | | |
| pul Or pro imi For per that | blic health or safety? do you own any operty that needs mediate attention? example, do you own ishable goods, or livestock t must be fed, or a building t needs urgent repairs? | | If immediate attention is | s needed, why is it needed? | |
| urai | осо а донглорано: | | Where is the property? | | |

City

Number

Street

ZIP Code

State

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Debtor 1

Jose Ramon

Middle Name

Soto German

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| Abo | ut D | ebto | r 1: |
|-----|------|------|------|
| | | | |

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| ч | I I am not required to receive a briefing | about |
|---|---|-------|
| | credit counseling because of: | |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| am no | ot required | to | receive | a | briefing | about |
|-------|-------------|----|---------|---|----------|-------|
| | counseling | | | | | |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Debtor 1 | Jose Ramon First Name Middle Nar | Soto German Last Name | Case : | number (if known) | |
|---|---|---|---|---|---|
| | | | | | |
| | 1 | | | | |
| Part 6: | Answer These Que | stions for Reporting Purposes | ; | | |
| | t kind of debts do nave? | 16a. Are your debts primarily as "incurred by an individual property No. Go to line 16b. Yes. Go to line 17. | orimarily for a personal, fam | nily, or household | purpose." |
| | | 16b. Are your debts primarily money for a business or inves No. Go to line 16c. Yes. Go to line 17. | business debts? <i>Busin</i> street or through the opera | less debts are de ition of the busine | ebts that you incurred to obtain ess or investment. |
| | | 16c. State the type of debts you ov | ve that are not consumer de | ebts or business | debts. |
| Chap | ou filing under ter 7? | No. I am not filing under Chap | | With the second | |
| any e exclu admir are pa availa | ou estimate that after exempt property is ded and nistrative expenses aid that funds will be able for distribution secured creditors? | Yes. I am filing under Chapter 7 administrative expenses a Mo Yes | '. Do you estimate that afte re paid that funds will be av | r any exempt pro vailable to distribi | perty is excluded and ute to unsecured creditors? |
| | many creditors do stimate that you | 1-49 50-99 100-199 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | | 25,001-50,000 50,001-100,000 More than 100,000 |
| | nuch do you ate your assets to orth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 millio \$10,000,001-\$50 millio \$50,000,001-\$100 millio \$100,000,001-\$500 m | ion (illion (| \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| estim to be | nuch do you ate your liabilities ? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | ion [Ilion [| \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Part 7: | Sign Below | | | | |
| For you | | I have examined this petition, and I correct. | declare under penalty of pe | erjury that the infe | ormation provided is true and |
| | | If I have chosen to file under Chapte of title 11, United States Code. I under Chapter 7. | er 7, I am aware that I may derstand the relief available | proceed, if eligib under each cha | le, under Chapter 7, 11,12, or 13 pter, and I choose to proceed |
| | | If no attorney represents me and I of this document, I have obtained and | lid not pay or agree to pay read the notice required by | someone who is / 11 U.S.C. § 342 | not an attorney to help me fill out 2(b). |
| | | I request relief in accordance with the | ne chapter of title 11, United | d States Code, s | pecified in this petition. |
| | | I understand making a false statement with a bankruptcy case can result in 18 U.S.C. §§ 152, 1341, 1519, and | n fines up to \$250,000, or in | r obtaining mone nprisonment for ι | y or property by fraud in connection up to 20 years, or both. |
| | | Signature of Debtor 1 | GERMAN X | Signature of De | htor 2 |
| | | Executed on $\frac{9-19-7}{MM / DD / YYYY}$ | © 18 | Executed on | M / DD /YYYY |

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| Debtor 1 | Jose Ramon First Name Mic | Soto German Last Name | Case number (if known) |
|-----------|-----------------------------------|---|---|
| | attorney, if you ted by one | to proceed under Chapter 7, 11, 12, or available under each chapter for which | n this petition, declare that I have informed the debtor(s) about eligibility 13 of title 11, United States Code, and have explained the relief the person is eligible. I also certify that I have delivered to the debtor(s) |
| y an att | not represente orney, you do n | knowledge after an inquiry that the info ot | b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no mation in the schedules filed with the petition is incorrect. |
| ieea to r | ile this page. | * | Date |
| | | Signature of Attorney for Debtor | MM / DD /YYYY |
| | | Printed name | |
| | | Firm name | |
| | | Number Street | |
| | | City | State ZIP Code |
| | | Contact phone | Euro II a III |
| | | сопасс ртопе | Email address |
| ٠ | | Bar number | State |
| | | | |

| 1 | .8-12920-mew D | | Entered 09/26/18 11:04:42 Pg 8 of 55 | 2 Main Document | | | | |
|---|--|--|---|---|--|--|--|--|
| Debtor 1 | Jose Ramon First Name Middle Name | Soto German Last Name | Case number (If known)_ | | | | | |
| bankrup attorney | if you are filing this tcy without an | should understand that r themselves successfully | individual, to represent yourself in bar many people find it extremely diffice . Because bankruptcy has long-ter etrongly urged to hire a qualified att | ult to represent m financial and legal | | | | |
| If you are represented by an attorney, you do not need to file this page. | | To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. | | | | | | |
| | | court. Even if you plan to pay in your schedules. If you do a property or properly claim it a also deny you a discharge of case, such as destroying or l cases are randomly audited | ty and debts in the schedules that you a y a particular debt outside of your bankr not list a debt, the debt may not be discl as exempt, you may not be able to keep f all your debts if you do something dish hiding property, falsifying records, or lyir to determine if debtors have been accur ous crime; you could be fined and im | uptcy, you must list that debt harged. If you do not list the property. The judge can onest in your bankruptcy ng. Individual bankruptcy rate, truthful, and complete. | | | | |
| | | hired an attorney. The court successful, you must be fam | in attorney, the court expects you to folk will not treat you differently because you illiar with the United States Bankruptcy (the local rules of the court in which your emption laws that apply. | u are filing for yourself. To be Code, the Federal Rules of | | | | |
| | | Are you aware that filing for I consequences? No Yes | bankruptcy is a serious action with long- | term financial and legal | | | | |
| | | Are you aware that bankruptinaccurate or incomplete, you No | cy fraud is a serious crime and that if yo u could be fined or imprisoned? | ur bankruptcy forms are | | | | |
| | | ☐ No ☐ Yes. Name of Person | someone who is not an attorney to help | | | | | |
| | | have read and understood th | ge that I understand the risks involved in is notice, and I am aware that filing a ba se my rights or property if I do not prope | ankruptcy case without an | | | | |
| | ; | Signature of Debtor 1 | OCRMAW* | Debtor 2 | | | | |
| | | | Signature of t | DODIGI Z | | | | |

Date

Contact phone

Cell phone

Email address

Date

Cell phone

Email address

Contact phone <u>3472077930</u>

MM / DD / YYYY

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| Fill in this information to identify your case: | | | | | | | |
|---|---------------------|---------------------------------|---------------------|--|--|--|--|
| Debtor 1 | Jose | Ramon | Soto German | | | | |
| • | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States E | Bankruptcy Court fo | or the: <u>SOUTHER</u> District | of <u>NEW YOR</u> K | | | | |
| Case number | (If known) | | | | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets | |
|---|--------------------------------------|
| | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$_0 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ <u>4040</u> |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$_4040 |
| Part 2: Summarize Your Liabilities | |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | Your liabilities Amount you owe |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$_0 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ <u>0</u> |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ 50160 |
| Your total liabilities | \$_50160 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$3028 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$3092 |
| | |

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|--------------------|--|--|---|---|--|--|
| Fill in th | is information to identify your ca | se and this | | | | |
| | _ | | | | | |
| Debtor 1 | | mon e Name | Soto German Last Name | | | |
| Debtor 2 | filing) First Name Middle | Name | Last Name | | | |
| | | | | | | |
| United St | ates Bankruptcy Court for the: SOUT | HER District | of NEW YORK | | | |
| Case nun | nber | | | | _ |) acourana |
| | | | | | Ļ | Check if this is an amended filing |
| Offic | ial Farm 1061/D | | | | | |
| Onc | ial Form 106A/B | | | | | |
| Sch | nedule A/B: Pro | perty | y | | | 12/15 |
| In each | category senarately list and des | cribe items | . List an asset only once. If an ass | ot fite in more | than and estaces: list | the exect in the |
| categor respons | y where you think it fits best. Be sible for supplying correct inform our name and case number (if kno | e as comple nation. If mo own). Answ | te and accurate as possible. If two l pre space is needed, attach a separa | married people ate sheet to th | e are filing together, bo is form. On the top of a | th are equally |
| 1 Do vo | u own or have any legal or equit | ahlo inforos | t in any residence, building, land, c | r cimilar prop | ortu 2 | |
| * | o. Go to Part 2. | able sileres | till ally residence, busumig, land, c | ıı sınınaı prop | erty? | |
| DECOURS | es. Where is the property? | | | | | |
| Ramina2 | , , , | | What is the property? Check all tha | t apply. | Do not deduct secured cla | ims or exemptions. Put |
| 1.1 | | | Single-family home | | the amount of any secure | d claims on Schedule D: |
| 1.1. | Street address, if available, or other de | scription | Duplex of main-unit ballang | Creditors Who Have Claims Secured by Propen | | |
| • | **** | | ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land | | Current value of the entire property? | Current value of the portion you own? |
| | | | | | entine property: | portion you own: |
| | | | ☐ Investment property | | Φ | 3 |
| | City State | ZIP Code | ☐ Timeshare | | Describe the nature of | |
| | | | Other | interest (such as fee simple, tenancy the entireties, or a life estate), if know | | |
| | | | Who has an interest in the property? Check one. | | | |
| | | | Debtor 1 only | | | |
| | County | | Debtor 2 only | | Check if this is co | mminite neanage |
| | | | Debtor 1 and Debtor 2 only At least one of the debtors and an | | (see instructions) | initiality property |
| | | | Other information you wish to ad | | am such as local | |
| | | | property identification number: | a about this it | eni, such as local | |
| If you | own or have more than one, list he | re: | | | | |
| | | | What is the property? Check all that | apply. | Do not deduct secured cla | ims or exemptions. Put |
| 1.2. | | | ☐ Single-family home ☐ Duplex or multi-unit building | | the amount of any secured Creditors Who Have Clain | |
| | Street address, if available, or other de | scription | Condominium or cooperative | | gg og stalende ender for en generale beskelde flere skripper og so | rakada kirinda elektrolariek kirili (h. 1914-1914) |
| | | | ☐ Manufactured or mobile home | | Current value of the entire property? | portion you own? |
| | | <u> </u> | ☐ Land | | \$ | \$ |
| | | | Investment property | | Describe the section | |
| | City State | ZIP Code | Timeshare | | Describe the nature of interest (such as fee! | |
| | | | Other | | the entireties, or a life | |
| | | | Who has an interest in the propert | y? Check one. | | |
| | | | Debtor 1 only Debtor 2 only | | | |
| | County | | Debtor 2 only Debtor 1 and Debtor 2 only | | ☐ Check if this is co | mmunitu neanariu |
| | | | At least one of the debtors and anot | her | (see instructions) | minumy property |
| | | | Other information you wish to add | | m such as local | |
| | | | property identification number: | ฉภานะ แบร เเย | n, audii da (UCdi | |

Soto German Case number (if know Pa-11 of 55 What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put ☐ Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Current value of the Current value of the Condominium or cooperative entire property? portion you own? ☐ Manufactured or mobile home □ Land ■ Investment property Describe the nature of your ownership City State ZIP Code Timeshare interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Debtor 1 and Debtor 2 only Check if this is community property (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Honda Who has an interest in the property? Check one. Make: 3.1. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Pilot Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2004 Year: Current value of the Current value of the Debtor 1 and Debtor 2 only 182000 Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: \$ 2200 \$ 2200 ☐ Check if this is community property (see Vehicle instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3.2. the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions)

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Debtor 1

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|-------------------------|---|---|--|--|
| 3.3. | Make: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured cla the amount of any secure Creditors Who Have Clair | d claims on Schedule D: ns Secured by Property. |
| | Year: Approximate mileage: Other information: | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of the entire property? | |
| | Other information: | Check if this is community property (see instructions) | \$ | \$ |
| 3.4. | Make: Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured cla the amount of any secure Creditors Who Have Clain | d claims on Schedule D: |
| | Year: Approximate mileage: Other information: | Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own? |
| | Other information. | Check if this is community property (see instructions) | \$ | \$ |
| | Make: Model: Year: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured cla the amount of any securer Creditors Who Have Clain Current value of the entire property? | claims on Schedule D: |
| | | instructions) | \$ | \$ |
| 4.2. | own or have more than one, list here: Make: Model: Year: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the entire property? | claims on Schedule D: |
| | | ☐ Check if this is community property (see instructions) | \$ | \$ |
| | | ı for all of your entries from Part 2, including any entries | | 5 2200 |
| e de les des la desagge | | | L | |

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| Part 3: Describe Your Personal and Household Items | |
|---|--|
| Do you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? |
| [10] 등 이 마음, 맞고 있으면 이 여기를 하는 수있다는 수 없는 그렇게 다른 것이 말했다. | Do not deduct secured claims or exemptions. |
| 6. Household goods and furnishings | |
| Examples: Major appliances, furniture, linens, china, kitchenware | |
| Yes. Describe Furniture - Residence | \$ 900 |
| 7. Electronics | 3 |
| Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; mu collections; electronic devices including cell phones, cameras, media players, games No | usic |
| Yes. Describe Electronics - Residence | \$ 500 |
| 8. Collectibles of value | |
| Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No | |
| Yes. Describe | \$ |
| 9. Equipment for sports and hobbies | and the second s |
| Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; car and kayaks; carpentry tools; musical instruments No | noes |
| Yes. Describe | \$ |
| 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe | \$ |
| 11. Clothes | |
| Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | |
| Yes. Describe Clothes - Residence | \$ <u>400</u> |
| 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gem gold, silver No Yes. Describe | s |
| 13. Non-farm animals | |
| Examples: Dogs, cats, birds, horses No | |
| Yes. Describe | \$ |
| 14. Any other personal and household items you did not already list, including any health aids you did not list | t |
| Yes. Give specific information. | \$ |
| 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached | s 1800 |

for Part 3. Write that number here

Debtor 1

Part 4:

Describe Your Financial Assets

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| Jose Ramon | Soto German | Pa 14 of 55 | Case number (if known) | |
| First Name Middle N | lame Last Name | | Odde Hamber (il khowij | |

| Do you own or have an | y legal or equitable interest in | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|--|--|---|--|
| 16. Cash <i>Examples</i> : Money you | ı have in your wallet, in your hor | ne, in a safe deposit box, and on hand when you file your petition | |
| Ø No | | Cash: | |
| 100 | | Cash: | \$ |
| 17. Deposits of money Examples: Checking, and other s | savings, or other financial accoւ similar institutions. If you have m | unts; certificates of deposit; shares in credit unions, brokerage houses, nultiple accounts with the same institution, list each. | |
| Z Yes | | Institution name: | |
| | 17.1. Checking account: | Bank Account Chase 623617169 - Chase Bank | \$_40 |
| | 17.2. Checking account: | | \$ |
| | 17.3. Savings account: | | \$ |
| | 17.4. Savings account: | | \$ |
| | 17.5. Certificates of deposit: | | \$ |
| | 17.6. Other financial account: | | \$ |
| | 17.7. Other financial account: | | \$ |
| | 17.8. Other financial account: | | \$ |
| | 17.9. Other financial account: | | \$ |
| | | | Ψ |
| | or publicly traded stocks investment accounts with broke Institution or issuer name: | erage firms, money market accounts | \$ |
| | | | \$ |
| | | | \$ |
| an LLC, partnership, | tock and interests in incorpor and joint venture | rated and unincorporated businesses, including an interest in | |
| No Chromonific | Name of entity: | % of ownership: | |
| Yes. Give specific information about | | % | \$ |
| | | % | • |
| them | | | \$ |

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| . Government and corp | | |
|--|--|---------------|
| Non-negotiable instrum | include personal checks, cashiers' checks, promissory notes, and money orders. ents are those you cannot transfer to someone by signing or delivering them. | |
| No | | |
| Yes. Give specific | Issuer name: | |
| information about them | | \$ |
| | | \$ |
| | | \$ |
| | | |
| Retirement or pension | | |
| | RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plan | s |
| Mo ☐ Yes. List each | | |
| account separately. | Type of account: Institution name: | |
| | 404/W or cimiler plan: | ¢ |
| | 401(k) or similar plan: | \$ |
| | Pension plan: | \$ |
| | IRA: | \$ |
| | Retirement account: | \$ |
| | Keogh: | \$ |
| | | • |
| | Additional account: | \$ |
| | | |
| | | \$ |
| Your share of all unused Examples: Agreements | | \$ |
| Your share of all unused Examples: Agreements of companies, or others | prepayments I deposits you have made so that you may continue service or use from a company | \$ |
| Your share of all unused Examples: Agreements of companies, or others | prepayments I deposits you have made so that you may continue service or use from a company | \$ |
| Your share of all unused examples: Agreements of others Monage of the second of the s | prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications | \$ |
| Your share of all unused Examples: Agreements of companies, or others | prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: | \$\$ |
| Your share of all unused examples: Agreements of others Monage of the second of the s | prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: | \$\$ \$\$ |
| Your share of all unused examples: Agreements of others Monanies, or others | prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: | |
| Your share of all unused Examples: Agreements of companies, or others | prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: | |
| Your share of all unused Examples: Agreements of companies, or others | prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: | |
| Your share of all unused Examples: Agreements of companies, or others | prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: | |
| Your share of all unused Examples: Agreements of companies, or others | prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: | |
| Your share of all unused Examples: Agreements of companies, or others | prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: | |
| Your share of all unused Examples: Agreements of companies, or others | prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: | |
| Your share of all unused Examples: Agreements of companies, or others No Yes | prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other: | |
| Your share of all unused Examples: Agreements of companies, or others Yes | prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: | |
| Your share of all unused Examples: Agreements of companies, or others A No Yes | prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other: | |
| Your share of all unused Examples: Agreements of companies, or others No Yes | prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other: | |
| Examples: Agreements of companies, or others No Yes Annuities (A contract for | prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other: Ta periodic payment of money to you, either for life or for a number of years) | * |
| Your share of all unused Examples: Agreements of companies, or others Yes | prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other: Ta periodic payment of money to you, either for life or for a number of years) | * |

Doc 1 Filed 09/26/18 Entered 09/26/18 11:04:42 Main Document 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No No Yes. Give specific information about them. 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses **√** No Yes. Give specific information about them.. Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you **☑** No Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years..... Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Yes. Give specific information.

| Alimony: | \$ |
|--------------------|----|
| Maintenance: | \$ |
| Support: | \$ |
| Divorce settlement | \$ |

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

| Ø No | • | • | • |
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Property settlement:

| Debtor 1 | 18-12920-mew Doo | | Entered 09/26/18 11:04:42 N -17 of 55 Case number (#known) | lain Document |
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| 31 Interes | ests in insurance policies | der seine die der seine selection der der der verscheiten der der selection der der der der der der der der de | PROPERTY CONTROL OF MAKES AND AND AND AND CONTROL OF CONTROL CONTROL OF A MAKES AND CONTROL OF CONTROL WAS A C | the commence of the discountry of the control of th |
| | | ırance; health savings account (l | HSA); credit, homeowner's, or renter's insuran | nce |
| Z N | | | | |
| <u> </u> | es. Name the insurance company of each policy and list its value | Company name: | Beneficiary: | Surrender or refund value: |
| | , , | | | \$ |
| | | | | \$ |
| | | | | \$ |
| If you | rty because someone has died. | | ed surance policy, or are currently entitled to rece | rive |
| ☐ Ye | es. Give specific information | | | • |
| Exam _l | <i>ples:</i> Accidents, employment disp o | utes, insurance claims, or rights | t or made a demand for payment to sue | |
| <u>[</u> l Ye | es. Describe each claim | | | \$ |
| 34. Other to set | off claims | aims of every nature, includin્ | g counterclaims of the debtor and rights | |
| (Ye | es. Describe each claim | | | |
| Ye 36. Add th | es. Give specific information | ries from Part 4, including any | entries for pages you have attached | ss 40 |
| | | | | |
| ∠ Z No | Describe Any Busines u own or have any legal or equi o. Go to Part 6. s. Go to line 38. | | Own or Have an Interest In. List | any real estate in Part 1. |
| | | | | Current value of the |
| | | | | portion you own? Do not deduct secured claims or exemptions. |
| 38. Accou | nts receivable or commissions | you already earned | | |
| ∠ No | | | | |
| [☐ Ye | s. Describe | | | • |
| 39. Office | equipment, furnishings, and su | ınnlies | | |
| Example | es: Business-related computers, softw | | nachines, rugs, telephones, desks, chairs, electronic | devices |
| ∠ No | ç | | | ······································ |
| Ye: | s. Describe | | | s |
| a construct of the second | And the second s | | en e | mentana manada da sa |

| Debtor 1 | 18-12920-r Jose Ramo | ew Doc 1 Filed 09/26/18 Enter Soto German Pg 18 (| ered 09/26/18 11:04:42 1 of 55 Case number (# <i>known</i>) | Main [| Document |
|---|---|--|--|------------------|--|
| | ; iist (value | MANORIE (Adrite Pazi valitis | | | |
| | iery, fixtures, ec | ipment, supplies you use in business, and tools | of your trade | | |
| √ No | Γ | | *** | | |
| ∐ Ye | s. Describe | | | | \$ |
| | <u> </u> | | | | |
| 1. Invento | ory | | | | : |
| Ø No | s. Describe | | | | : |
| Te: | s. Describe | | | | \$ |
| ro Intono | 4 m . i m . m . m . m . m . m . m . m . m | | | | : |
| Z interes | is in partnersni | s or joint ventures | | | - |
| | s. Describe | ame of online | 0/ -5 | | : |
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| | | | | • | · · · · · · · · · · · · · · · · · · · |
| 3 Custon No | ner lists, mailing | ists, or other compilations | | | |
| | . Do vour lists i | clude personally identifiable information (as defir | ed in 11 H.S.C. 8 101(41A)\\2 | | : |
| Face to year | □ No | tuestimasie information (as dein | ca iii 11 0.0.0. 3 101(41 <i>A))</i> : | | |
| | Yes. Descri | e | | | 1 |
| | | | | | \$ |
| 4 Anv hii | siness-related r | onerty you did not already liet | | | |
| ZI No | omess-related p | operty you did not already list | | | |
| ☐ Yes | . Give specific | | | | • · |
| info | rmation | | | | Φ. |
| | | | | | \$; |
| | • | | | | \$ |
| | • | | | | \$ |
| | | | | | \$ |
| | - | | | _ | \$ |
| 5. Add the | dollar value of | ll of your entries from Part 5, including any entri | es for pages you have attached | | c 0 |
| for Pari | 5. Write that nu | nber here | | > | <u> </u> |
| * * * **** * * * * * * * * * * * * * * | | В Может и в в выменя и может степент в степент в степент в предоставления в применя в предоставления в степент | and the second from the second second discount was to make a make a second seco | zanana ana na z | Company of the Compan |
| and Co | B | . | | | : ! |
| art 6: | | Farm- and Commercial Fishing-Related Prove an interest in farmland, list it in Part 1. | pperty You Own or Have an Inte | erest In | • |
| | | | | | |
| | | legal or equitable interest in any farm- or comme | rcial fishing-related property? | | |
| ****** | Go to Part 7. | | | | : |
| Yes | Go to line 47. | | | | |
| | | | • | | Current value of the portion you own? |
| | | | | | Do not deduct secured claims |
| 7. Farm aı | nimals | | | | or exemptions. |
| | | try, farm-raised fish | | | |
| Ø No | | | | | |
| Yes | | | | | |
| | and a control of the | | | | \$ |
| | L., | | | |] |

<u>Pa</u> 19 of 55 Case number (if know 48. Crops-either growing or harvested Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade **✓** No Yes 50. Farm and fishing supplies, chemicals, and feed Z No 51. Any farm- and commercial fishing-related property you did not already list √ZÍ No Yes. Give specific information...... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☑ No Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$ 2200 56. Part 2: Total vehicles, line 5 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 \$ 4040 62. Total personal property. Add lines 56 through 61. Copy personal property total -> 4040 63. Total of all property on Schedule A/B. Add line 55 + line 62.....

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Main Document

18-12920-mew

Debtor 1

Doc 1

Soto German

18-12920-mew Doc 1 Filed 09/26/18 Entered 09/26/18 11:04:42 Main Document Pa 20 of 55 Fill in this information to identify your case: Jose Soto German Debtor 1 Ramon Debtor 2 (Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: SOUTHER District of NEW YORK Check if this is an (If known) amended filing Official Form 106C Schedule C: The Property You Claim as Exempt 04/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. **Identify the Property You Claim as Exempt** 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Clothes Debtor & Creditor 282(1), Brief \$ 400 5205(1)-(6); description: 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: **Bank Account Chase** Brief Debtor & Creditor 283(2): 623617169 description: 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: **Furniture** Brief Debtor & Creditor 282(1). □ \$ description: 5205(1)-(6); 100% of fair market value, up to Line from any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) ☑ No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? Yes

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Debtor 1

Jose Ramon

Case number (if known)_

Part 2: **Additional Page**

| | on of the property and line VB that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|----------------------------|--|--------------------------------------|---|------------------------------------|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | Vehicle | \$ <u>2200</u> | | Debtor & Creditor 282(1); |
| Line from Schedule A/B; | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Electronics | \$_500 | \$ | Debtor & Creditor 282(1), |
| Line from Schedule A/B: | | | 100% of fair market value, up to any applicable statutory limit | 5205(1)-(6); |
| Brief description: | | \$ | <u> </u> | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | - \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | □ \$ | |
| Line from Schedule A/B: | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description; | | \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | 0 \$ | |
| Line from Schedule A/B: | | | 100% of fair market value, up to any applicable statutory limit | |

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|---|---|--|--------------------------|---------------|
| | Pg 22 of 55 | | | |
| Fill in this information to identify your case | Se: | | | |
| Debtor 1 | | | | |
| First Name Middle | Name Last Name | | | |
| Debtor 2 (Spouse, if filing) First Name Middle | Name of the state | | | |
| (Spouse, if filing) First Name Middle | Name Last Name | | | |
| United States Bankruptcy Court for the: | District of | | | |
| Case number | | | | |
| (If known) | | | ☐ Check | if this is an |
| | | | amend | ed filing |
| Official Forms 100D | | | | |
| Official Form 106D | | | | |
| Schedule D: Creditor | s Who Have Claims Secur | ed by Prop | ertv | 12/15 |
| | | | | |
| information. If more space is needed, con | If two married people are filing together, both are e y the Additional Page, fill it out, number the entries, | qually responsible f | or supplying correc | t |
| additional pages, write your name and car | se number (if known). | and attacti it to this | iorm. On the top of | any |
| | | | | |
| Do any creditors have claims secured be a secured by a secured be a secured by a secured be a secured by | | | | • |
| | m to the court with your other schedules. You have noth | ing else to report on t | this form. | |
| Yes. Fill in all of the information below. | | | | |
| | | | | |
| Part 1: List All Secured Claims | | | | |
| | | Column A | Cólumn B | Column C |
| for each claim. If more than one creditor h | nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. | Amount of claim | Value of collateral | Unsecured |
| As much as possible, list the claims in alph | nabetical order according to the creditor's name. | Do not deduct the value of collateral. | that supports this claim | portion |
| 2.1 | | Yandoor Conace an | | If any |
| | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name | | 7 | | |
| Number Street | | | | |
| · · · · · · · · · · · · · · · · · · · | As of the date you file, the claim is: Check all that apply. | J | | |
| | Contingent | | | |
| | ☐ Unliquidated | | | |
| City State ZIP Code | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured) | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | - | | |
| community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| 2.2 | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name | | 7 ————— 1 | | · |
| | | | | |
| Number Street | | J | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | ☐ Contingent ☐ Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| Who owes the debt? Check one. | • | | | |
| _ | Nature of lien. Check all that apply. | | | |
| Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | Car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| · | Other (including a right to offset) | _ | | |
| ☐ Check if this claim relates to a community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | Column A on this page. Write that number here: | \$ 0 | | |
| The are woner raide of your cittles in t | with a on this page, write that number here: | \ <u>\</u> | | |

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| | | Jose | Ramon | Soto Ger | man | | | | |
| ' | Debtor 1 | First Name | Middle Name | Last Nam | | | | | |
| | Debtor 2 Spouse, if filing) | First Name | Middle Name | Last Nam | | | | | |
| ! | • | Bankruptcy Court for the: | | | 1 | | | | |
| ' | Jilleu States | bankrupicy Court for the: | Distr | ict or | - | | | □ Che | eck if this is an |
| | Case number (If known) | | | | | | | | ended filing |
| 0 | official F | orm 106E/F | | | ······································ | | | | |
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| | | | | | | | | | |
| 1. | Do any cre No. Go | editors have priority t | insecured claims | against you? | | | | | |
| | Yes. | to Part 2. | | | | | | | |
| 2. | List all of each claim nonpriority | listed, identify what typ amounts. As much as | pe of claim it is. If possible, list the c | a claim has both laims in alphabe | nan one priority unsecu priority and nonpriority ical order according to an one creditor holds a | amounts, list the | at claim here a ame. If you hay | nd show both e more than t | priority and |
| | | | | | s form in the instruction | | | | |
| | | | | | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 |] | | | | | | 1704174.254 SA. COSA FELENA | re amount | |
| | Priority Cred | litor's Name | ····· | Last 4 digits of | account number | | \$ | \$ | \$ |
| | | | | When was the | debt incurred? | | | | |
| | Number | Street | | | | | | | |
| | | | | | you file, the claim is: Cl | heck all that apply | | | |
| | City | State | ZIP Code | Contingent Unliquidated | | | | | |
| | | rred the debt? Check or | ne. | Disputed | | | | | |
| | Debtor | | | • | | | | | |
| | Debtor | ี 2 oกly 1 and Debtor 2 only | | | RITY unsecured claim | : | • | | |
| | | t one of the debtors and a | nother | Domestic su | - | | | | |
| | | if this claim is for a co | | | ertain other debts you owe | | | | |
| | | | minute, acat | Claims for de intoxicated | eath or personal injury whil | le you were | | | |
| | □ No | im subject to offset? | | | fy | | | | |
| | ☐ Yes | | | · | | | | | |
| 2.2 | - | | <u>anni ann a ann an an an an an an an an an an</u> | l ast 4 digits of | account number | | | | · Principal Control of the Control o |
| | Priority Cred | itor's Name | | When was the | | | \$ | _ \$ | \$ |
| | Number | Street | | when was the | sept incurred? | | | | |
| | Hamber | | | As of the date | ou file, the claim is: Cl | heck all that apply | | | |
| | | | | Contingent | | | | | |
| | City | State | ZIP Code | Unliquidated | | | | | |
| | | rred the debt? Check or | ie. | ☐ Disputed | | | | | |
| | ☐ Debtor | • | | Type of PRIOF | RITY unsecured claim | • | | | |
| | Debtor | 2 only 1 and Debtor 2 only | | Domestic su | | | | | |
| | | 1 and Debtor 2 only t one of the debtors and a | nother | | ertain other debts you owe | the government | | | |
| | | i one of the deblors and a | | ☐ Claims for de | ath or personal injury whit | • | | | |
| | is the clai | m subject to offset? | | intoxicated Other. Speci | ý | | | | |
| | ☐ Yes | | | | | | | | |

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Your PRIORITY Unsecured Claims — Continuation Page Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim Priority Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent State ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt Other. Specify is the claim subject to offset? ☐ No Yes Last 4 digits of account number _ Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. ☐ Contingent ZIP Code Unliquidated ☐ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify is the claim subject to offset? □ No Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent City State Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ☐ No ☐ Yes

1 Sot F Geom 20/26/18 Entered 09/26/18 11:04:42 Main Document **List All of Your NONPRIORITY Unsecured Claims** Part 2: 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Z Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim Cavalry Portfolio Service Last 4 digits of account number 5904 Nonpriority Creditor's Name 399 500 Summit Lake Dr Ste 400 When was the debt incurred? 08/2016 Number Street Valhalla NY 10595 ZIP Code As of the date you file, the claim is: Check all that apply. Contingent Who incurred the debt? Check one, Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts No IV ☑ Other. Specify <u>Collection</u> Yes 9397 Portfolio Recovery Last 4 digits of account number \$ 462 Nonpriority Creditor's Name When was the debt incurred? 09/2016 120 Corporate Blydsuite 100 Number Street As of the date you file, the claim is: Check all that apply. Norfolk VA 23502 ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts 4 Other. Specify Debt Buyer Z No Yes 4.3 Regional Acceptance Corp 0049 Last 4 digits of account number Nonpriority Creditor's Name \$ 19248 When was the debt incurred? 04/2015 1424e East Fire Tower Rd

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Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| Aft | er listing any entries on this page, number them beginning with | 4.4, followed by 4.5, and so forth. | Total claim |
|--|---|--|------------------|
| 1.4 | Santander Consumer Usa Nonpriority Creditor's Name | Last 4 digits of account number <u>0922</u> | \$ 24652 |
| | Po Box 961245 | When was the debt incurred? 07/2014 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Fort Worth TX 75161 City State ZIP Code | ☐ Contingent | |
| | Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Auto Loan | |
| .5 | Syncb/car Care Syn | Last 4 digits of account number | \$ 5399 |
| | Nonpriority Creditor's Name | When was the debt incurred? 04/2015 | * <u>***</u> *** |
| | Po Box 965036 Number Street | | |
| | Orlando FL 32896 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated ☐ Disputed | |
| | Debtor 1 only | ☐ Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts Other. Specify <u>Charge Card</u> | |
| ······································ | ☑ No □ Yes | Other, Specify Charge Card | |
| | | Last 4 digits of account number | \$ |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | ☐ Contingent | |
| | Who incurred the debt? Check one | Unliquidated | |
| | Debtor 1 only | ☐ Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | |
| | At least one of the debtors and another | Student loansObligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | |
| | □ No □ Yes | Other. Specify | |

Debtor 1

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only, 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.
- Total claims from Part 2
 - 6f. Student loans
 - 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 - 6h. Debts to pension or profit-sharing plans, and other similar debts
 - 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
 - 6j. Total. Add lines 6f through 6i.

Total claim

- 6a.
- 6b.
- 6c
- 6e. 0

Total claim

- 6f.
- 6g.
- 6h.
- 6i. 50160
- 6j. 50160

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| | | | | Pg 28 | 3 of 55_ | |
|-------------------|---|--|---|--|--|--|
| Fi | ll in this in | nformation to i | dentify your case: | | | |
| De | ebtor J | ose | Ramon | Soto German | | |
| De | btor 2 | First Name | Middle Name | Last Name | | |
| (Sp | ouse If filing) | First Name | Middle Name | Last Name | | |
| Un | ited States | Bankruptcy Court | for the: SOUTHER Distric | t of <u>NEW YORK</u> | | |
| | se number known) | | | | | Check if this is ar amended filing |
| | | | _ | | | |
| <u>Of</u> | ficial F | orm 106 | <u>G</u> | | | |
| Sc | chedi | ule G: E | xecutory C | ontracts an | d Unexpired Leases | 12/15 |
| info addi | rmation. I itional pag Do you h | If more space is ges, write your nave any execu Check this box a | s needed, copy the add name and case numbe tory contracts or unex nd file this form with the | litional page, fill it out, er (if known). pired leases? court with your other so | together, both are equally responsible for sul number the entries, and attach it to this page. nedules. You have nothing else to report on this for are listed on Schedule A/B: Property (Official Form | On the top of any |
| 2. | List sepa example, unexpired | , rent, vehicle i | rson or company with ease, cell phone). See | whom you have the co the instructions for this f | ntract or lease. Then state what each contract orm in the instruction booklet for more examples o | or lease is for (for of executory contracts and |
| | - | | | | | |
| | Person o | r company wit | h whom you have the (| onfract or lease | State what the contract or lease is | for |
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| a the to this and | Name | | | | _ | |
| | Number | Street | | | | |
| | City | | State ZIP Code | | | |
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| | Name | | | | | |
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Debtor 1

Jose Ramon
First Name Middle Name

Soto German

Riddie Name

Last Name

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Case number (if known)_____

| | | Additional | Page if You Ha | ave More C | ontracts or Le | ases | | | |
|---|--|--|--|---|--|---|--|--|--|
| | Persor | | with whom you | and the second | Tarriga Harris | | What the contract or lease is for | | |
| 0.0 | • | | | | | | | | |
| 2.6 | Name | | | | | | | | |
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18-12920-mew Doc 1 Filed 09/26/18 Entered 09/26/18 11:04:42 Main Document Fill in this information to identify your case: Jose Soto German Debtor 1 Ramon First Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the OUTHER District of NEW YORK Case number (If known) Check if this is an amended filing Official Form 106H Schedule H: Your Codebtors 12/15 Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) ☑ No ☐ Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? Yes. In which community state or territory did you live? ______. Fill in the name and current address of that person. Name of your spouse, former spouse, or legal equivalent Number Street

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D.

State

State

Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Street

Street

Street

3.1

3.2

3.3

Name

Number

City

Name

Number

City

Name

Number

City

ZIP Code

ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line ___

☐ Schedule E/F, line

☐ Schedule G, line ____

☐ Schedule D, line ___

☐ Schedule G, line ___

Schedule D, line

☐ Schedule E/F, line ____

Schedule G, line ____

☐ Schedule E/F, line

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Debtor 1

| | _ | | _ |
|----------|-----|-----|-------------|
| Jose | R | mon | |
| First Na | ame | | Middle Name |

Soto German

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Case number (if known)_____

| olumn 1:` | | | | |
|------------|--|---|---|--|
| | rour codeptor | | | Column 2: The creditor to whom you owe the debt |
| | | | | Check all schedules that apply: |
| | | | | Schedule D, line |
| Name | | | | ☐ Schedule E/F, line |
| Number | Street | | | Schedule G, line |
| | V | | | |
| City | | State | ZIP Code | |
| | | | | Cabadula D. Sas |
| Name | | | | Schedule D, line |
| | | | | Schedule E/F, line |
| Number | Street | | | Schedule G, line |
| City | | State | ZIP Code | _ |
| | | | | |
| Vame | | | | _ □ Schedule D, line |
| | | | | ☐ Schedule E/F, line |
| Vumber | Street | | | Schedule G, line |
| | | | | |
| City | en spinner v., majora v. v str. v. v noticenska attisticka kalenta Workska | State | ZIP Code | |
| | | | | Cahadula D. lina |
| Name | | | | Schedule D, line |
| | | | | ☐ Schedule E/F, line |
| Number | Street | | • | Schedule G, line |
| City | | State | 7IP Code | |
| | | O COO | Zan Oode | The state of the s |
| Vame | | | | _ Schedule D, line |
| | | | | ☐ Schedule E/F, line |
| Yumber | Street | | | Schedule G, line |
| | | | | |
| City | | State | ZIP Code | |
| | | | | Schedule D, line |
| Name | | | | Schedule E/F, line |
| ti and a a | Charle | | | Schedule G, line |
| vumber | Street | | | a concadio o, mio |
| City | | State | ZIP Code | - |
| | | | | |
| Name | | | | _ Schedule D, line |
| | | | | Schedule E/F, line |
| Yumber | Street | | | Schedule G, line |
| | | | | |
| City | | State | ZIP Code | |
| | | | | _ Schedule D, line |
| Vame | | | | Schedule E/F, line |
| 1 | | | | Schedule G, line |
| number | Street | | | Ochedate O, line |
| City | | State | ZIP Code | _ |
| | Name Number City Name Number | Number Street City Name Number Street | Number Street Number Street Number Street City State Number Street City State | Number Street City State ZIP Code Name Number Street City State ZIP Code |

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| Debtor 1 Jose Ramon Soto German Debtor 2 Debtor 2 First Name Mode Name Last Name United States Bankruptcy Court for the: SOUTHER District of NEW YORK Case number (If Incom) Official Form 106 Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate and your spouse is not filling with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment I. Fill in your employment information. If you have more than one job, attach a separate page with information about your spouse is made and the page of t |
|--|
| Debtor 2 (Spouse, if filing) Piet Name United States Bankruptcy Court for the: Case number (if known) |
| Check if this is: Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: Official Form 106 |
| Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: Official Form 106! Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse is not filing with you, on to tinclude information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information about additional employers. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Debtor 1 Debtor 2 or non-filling spouse Employed Employed Not employed Not employed Not employed Not employed Employer's name MAMAIS CONTRACTING CORP 256 WEST 124TH ST NEW YORK NY 10027 |
| Official Form 1061 Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name MAMAIS CONTRACTING CORP 256 WEST 124TH ST NEW YORK NY 10027 |
| Official Form 106! Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouses. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name MAMAIS CONTRACTING CORP 256 WEST 124TH ST NEW YORK NY 10027 |
| Official Form 106I Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse if you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name MAMAIS CONTRACTING CORP 256 WEST 124TH ST NEW YORK NY 10027 |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse is possed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name MAMAIS CONTRACTING CORP 256 WEST 124TH ST NEW YORK Employer's address NY 10027 |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name MAMAIS CONTRACTING CORP 256 WEST 124TH ST NEW YORK Employer's address NY 10027 |
| supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse if you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name MAMAIS CONTRACTING CORP 256 WEST 124TH ST NEW YORK Employer's address NY 10027 |
| If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Debtor 1 Debtor 2 or non-filing spouse Employed Employed Not employed Not employed Not employed Painter MAMAIS CONTRACTING CORP 256 WEST 124TH ST NEW YORK NY 10027 |
| attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Employeent status Demployed Not employed Not employed Not employed Painter MAMAIS CONTRACTING CORP 256 WEST 124TH ST NEW YORK NY 10027 |
| Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Comparison may include student or homemaker, if it applies. Employer's name MAMAIS CONTRACTING CORP 256 WEST 124TH ST NEW YORK NY 10027 |
| Occupation may include student or homemaker, if it applies. Employer's name MAMAIS CONTRACTING CORP 256 WEST 124TH ST NEW YORK NY 10027 |
| 256 WEST 124TH ST NEW YORK Employer's address NY 10027 |
| Employer's address NY 10027 |
| Number Street Number Street |
| Number Sitest |
| |
| City State ZIP Code City State ZIP Code |
| How long employed there? 1 year |
| Part 2: Give Details About Monthly Income |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling |
| spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. |
| For Debtor 1 For Debtor 2 or non-filing spouse |
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$\frac{4014}{5}\$ |
| 3. Estimate and list monthly overtime pay. 3. +\$0 + \$ |
| 4. Calculate gross income. Add line 2 + line 3. |

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Debtor 1

Jose Ramon Soto German Pg 33 of 55

Case number (if known)_____

| | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|--|-------------|----------------------|-----------------------------------|---------------------|
| Copy line 4 here | → 4. | \$ <u>4014</u> | \$ | |
| 5. List all payroli deductions: | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ <u>986</u> | \$ | |
| 5b. Mandatory contributions for retirement plans | 5b. | | \$ | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$ 0 | \$ | |
| 5d. Required repayments of retirement fund loans | 5d. | \$ <u>0</u> | \$ | |
| 5e. Insurance | 5e. | \$ <u>0</u> | | |
| 5f. Domestic support obligations | 5f. | \$ <u>0</u> | <u> </u> | |
| 5g. Union dues | 5g. | \$ <u>0</u> | \$ | |
| 5h. Other deductions. Specify: | 5h. | +\$0 | _ + <u>\$</u> | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h | ı. 6. | \$ <u>986</u> | \$ | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ <u>3028</u> | \$ | |
| 8. List all other income regularly received: | | | | |
| Net income from rental property and from operating a business, profession, or farm | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ <u>0</u> | | |
| 8b. Interest and dividends | 8b. | \$ 0 | \$ | |
| 8c. Family support payments that you, a non-filing spouse, or a depend regularly receive | ent | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$_0 | \$ | |
| 8d. Unemployment compensation | 8d. | \$ <u>0</u> | \$ | |
| 8e. Social Security | 8e. | \$ <u>0</u> | \$ | : |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | nce | | | |
| Specify: | 8f. | \$_0 | \$ | : : |
| 8g. Pension or retirement income | 8g. | \$ <u>0</u> | . | |
| 8h. Other monthly income. Specify: | 8h. | + \$ 0 | +\$ | : |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ 0 | \$ | |
| 10. Calculate monthly income, Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_3028 | + \$ = | \$3028 |
| 1. State all other regular contributions to the expenses that you list in Sche | | | | |
| Include contributions from an unmarried partner, members of your household, friends or relatives. | | | | : : |
| Do not include any amounts already included in lines 2-10 or amounts that are | not av | vailable to pay expe | | |
| Specify: | | | 11. + | \$ <u>0</u> |
| 2. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S | | | | \$ 3028 Combined |
| 13. Do you expect an increase or decrease within the year after you file this Z No. | form? | • | | monthly income |
| Yes. Explain: | | | | |

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| File to the | | | | | |
|-----------------------------|--|--|-------------------------------------|---------------------------------------|---|
| Fill in this | s information to identify | | | | |
| Debtor 1 | Jose First Name | Ramon Soto G | | ck if this is: | |
| Debtor 2 | | | | An amended filing | |
| | ling) First Name | Middle Name Last N | | A supplement showing po | stpetition chapter 13 |
| United State | es Bankruptcy Court for the: | SOUTHER District of NEW YO | | expenses as of the followi | |
| Case numb (If known) | er | | <u> </u> | /M / DD / YYYY | |
| Official | Form 106J | | | | |
| | | ur Expenses | | | 12/15 |
| Be as comp | plete and accurate as po | ossible. If two married people a ed, attach another sheet to this | are filing together, both are ed | qually responsible for supp | lying correct |
| | Answer every question. | | on the top of the top | nonat pages, write your na | me and case number |
| Part 1: | Describe Your Hou | sehold | | | |
| 1. Is this a j | oint case? | | | | |
| | Go to line 2. | | | | |
| | Does Debtor 2 live in a s | eparate household? | | | |
| | ✓ No ✓ Yes. Debtor 2 must file | e Official Form 106J-2, Expenses | s for Separate Household of De | btor 2. | |
| 2. Do you h | ave dependents? | No | | | |
| Do not list Debtor 2. | t Debtor 1 and | Yes. Fill out this information | | to Dependent's age | Does dependent liv with you? |
| | ate the dependents' | · | NEPHEW | | ☐ No ☐ Yes |
| names. | | | NEPHEW | 8 | ₩ res □ No □ Yes |
| | | | NIECE | 10 | No |
| | | | | | Yes |
| | | | *** | | ☑ No |
| | | | | | Yes |
| | | | | | No |
| expenses | expenses include s of people other than | ☑ No □ Yes | | | □ Yes |
| yourself a | and your dependents? | U]Yes | | · · · · · · · · · · · · · · · · · · · | |
| Part 2: | Estimate Your Ongoi | ng Monthly Expenses | | | |
| Estimate yo | ur expenses as of your | bankruptcy filing date unless | you are using this form as a s | supplement in a Chapter 13 | case to report |
| expenses as applicable d | | kruptcy is filed. If this is a sup | plemental <i>Schedule J</i> , check | the box at the top of the fo | rm and fill in the |
| | | -cash government assistance | - | | entral |
| | | it on Schedule I: Your Income | • | Your exp | enses |
| | al or home ownership e for the ground or lot. | xpenses for your residence. In | iclude first mortgage payments : | and \$_1650 | ., |
| If not inc | cluded in line 4: | | | | |
| | al estate taxes | | | 4a. \$ <u>0</u> | |
| 4b. Proj | perty, homeowner's, or re | enter's insurance | | 4b. \$ | |
| 4c. Hon | ne maintenance, repair, a | and upkeep expenses | | 4c. \$ <u>0</u> | |
| 4d. Hon | meowner's association or | condominium dues | | 4d. \$ <u>0</u> | |

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Debtor 1

Jose Ramon Soto German

irst Name Middle Name Last Name

Case number (if known)_

| | | | Your expenses |
|-----|--|---------------|-------------------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ 0 |
| 6. | Utilities: | | |
| | 6a. Electricity, heat, natural gas | 6a. | _{\$} 225 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ 0 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | § 210 |
| | 6d. Other. Specify: | 6d. | \$ <u>0</u> |
| 7. | Food and housekeeping supplies | 7. | \$ 472 |
| 8. | Childcare and children's education costs | 8. | \$_0 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ <u>0</u> |
| 10. | Personal care products and services | 10. | \$ 45 |
| 11. | Medical and dental expenses | 11. | <u>\$ 70</u> |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$_130 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ 0 |
| 14. | Charitable contributions and religious donations | 14. | \$ <u>0</u> |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a, | \$ 0 |
| | 15b. Health insurance | 15b. | \$ 0 |
| | 15c. Vehicle insurance | 15c. | § 150 |
| | 15d. Other insurance. Specify: | 15 d . | \$ 0 |
| 6. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | ş <u> </u> |
| 17. | Installment or lease payments: | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$_0 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$_0 |
| | 17c. Other. Specify: | 17c. | \$_0 |
| | 17d. Other. Specify: | 17đ. | \$ 0 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18, | \$ <u>0</u> |
| 9. | Other payments you make to support others who do not live with you. | | |
| | Specify: | 19. | \$_0 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | e. | |
| | 20a. Mortgages on other property | 20a. | \$_0 |
| | 20b. Real estate taxes | 20b. | \$_0 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$_0 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$0 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$_0 |

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| | | | | 1 9 30 01 33 | | |
|-----------------|------------------------------|----------------|--------------------------------|----------------------------|------------------------|--|
| Debtor 1 | Jose Ramo | Middle Name | Soto German Last Name | | Case number (ir known) | |
| 21. Ot ł | ner. Specify. ^{gas} | | | | 2 | 21. +\$_140 |
| 22. Cal | culate your mont | nly expense | s. | | | The state of the s |
| 22a | . Add lines 4 throu | gh 21. | | | 22a | a. \$ 3092 |
| 22b | . Copy line 22 (mo | nthly expens | es for Debtor 2), if any, fron | n Official Form 106J-2 | 22b | b. \$ |
| 22c | . Add line 22a and | 22b. The re | sult is your monthly expense | 9 \$. | 220 | c. \$ |
| 23. Calc | ulate your month | y net incon | ie. | | | |
| 23a. | Copy line 12 (you | ır combined | monthly income) from Sche | edule I. | 23a | sa. \$_3028 |
| 23b. | Copy your month | ly expenses | from line 22c above. | | 231 | sb\$ <u>3092</u> |
| 23c. | | | es from your monthly incon | ne. | | |
| | The result is your | monthly ne | income. | | 230 | sc. \$ <u>-64</u> |
| 24. Do y | ou expect an incr | ease or dec | rease in your expenses w | vithin the year after you | ı file this form? | |
| For e | xample, do you ex | pect to finish | paying for your car loan wi | ithin the year or do you e | expect your | |
| Z N | | | | | | |
| □ Y | es. Explain her | e: | | | | |
| | Are distances | | | | | |
| | te podoblika nagyay | | | | | |
| | ri ma decredadas | | | | · | |

| | | | Pa 37 d | £ 55 | |
|---------------------------|--|--|---|--|---------------------------------|
| l in this ir | nformation to iden | tify your case: | | | |
| otor 1 | Jose | Ramon | Soto German | | |
| | First Name | Middle Name | Last Name | | |
| btor 2 ouse, if filing |) First Name | Middle Name | Last Name | _ | |
| ted States | Bankruptcy Court for | the: SOUTHER Distric | t of NEW YORK | | |
| se number | | | | | |
| known) | | | | | ☐ Check if this |
| | | | | | amended fili |
| | | | | | |
| Officia | al Form 106 | Dec | | | |
| . | | | | Nali 4 a - Ja - Cala a a | |
| Deci | aration | About an | Individual | Debtor's Sched | iules 12 |
| f two mar | rried neonle are fil | ing together, both are | equally responsible for s | upplying correct information. | |
| | | | | | |
| | | | | d schedules. Making a false stat | |
| | | y by traud in connecti | ion with a bankruptcy cas | e can result in fines up to \$250,0 | oo, or imprisonment for up to 2 |
| | | APO 4044 AP40 3 | 0P44 | | |
| | | 152, 1341, 1519, and 3 | 3571. | | |
| | | 152, 1341, 1519, and 3 | 3571. | | |
| | both. 18 U.S.C. §§ | 152, 1341, 1519, and 3 | 3571. | | |
| | | 152, 1341, 1519, and 3 | 3571. | | |
| | both. 18 U.S.C. §§ | 152, 1341, 1519, and 3 | 3571. | | |
| ears, or l | both. 18 U.S.C. §§ | | | ou fill out bankruptcy forms? | |
| pears, or l | Sign Below | | | ou fill out bankruptcy forms? | |
| Did yo | Sign Below ou pay or agree to | | | | r's Notice. Declaration, and |
| Did yo | Sign Below | | | Attach Bankruptcy Petition Prepare | r's Notice, Declaration, and |
| Did yo | Sign Below ou pay or agree to | | | | r's Notice, Declaration, and |
| Did yo | Sign Below ou pay or agree to | | | Attach Bankruptcy Petition Prepare | r's Notice, Declaration, and |
| Did yo | Sign Below ou pay or agree to | | | Attach Bankruptcy Petition Prepare | r's Notice, Declaration, and |
| Did yo | Sign Below ou pay or agree to | | | Attach Bankruptcy Petition Prepare | r's Notice, Declaration, and |
| Did yo □ No □ Ye | Sign Below ou pay or agree to s. Name of person_ | pay someone who is | NOT an attorney to help y | Attach <i>Bankruptcy Petition Prepare</i> Signature (Official Form 119). | |
| Did you No | Sign Below ou pay or agree to s. Name of person_ | pay someone who is i | NOT an attorney to help y | Attach Bankruptcy Petition Prepare | |
| Did you No | Sign Below ou pay or agree to s. Name of person_ | pay someone who is i | NOT an attorney to help y | Attach <i>Bankruptcy Petition Prepare</i> Signature (Official Form 119). | |
| Did you No | Sign Below ou pay or agree to s. Name of person_ | pay someone who is i | NOT an attorney to help y | Attach <i>Bankruptcy Petition Prepare</i> Signature (Official Form 119). | |
| Did yo No Ye Under | Sign Below ou pay or agree to s. Name of person_ | pay someone who is a | NOT an attorney to help y | Attach <i>Bankruptcy Petition Prepare</i> Signature (Official Form 119). | |
| Did you No Ye | Sign Below ou pay or agree to s. Name of person penalty of perjury ney are true and co | pay someone who is i | NOT an attorney to help y read the summary and so | Attach Bankruptcy Petition Prepare Signature (Official Form 119). hedules filed with this declaratio | |
| Did you No Ye | Sign Below ou pay or agree to es. Name of person_ repenalty of perjury ney are true and conture of Debtor 1 | pay someone who is to the source of the sour | NOT an attorney to help y | Attach Bankruptcy Petition Prepare Signature (Official Form 119). hedules filed with this declaratio | |
| Did you No Ye | Sign Below ou pay or agree to s. Name of person penalty of perjury ney are true and co | pay someone who is to the source of the sour | NOT an attorney to help y read the summary and so | Attach Bankruptcy Petition Prepare Signature (Official Form 119). hedules filed with this declaratio | |

Fill in this information to identify your case: Check one box only as directed in this form and in Form 122A-1Supp: Jose Soto German Debtor 1 First Name Middle Name Last Name 1. There is no presumption of abuse. Debtor 2 (Spouse, if filing) First Name Middle Name 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 United States Bankruptcy Court for the: SOUTHER District of NEW YORK Means Test Calculation (Official Form 122A-2). 3. The Means Test does not apply now because of (If known) qualified military service but it could apply later. Check if this is an amended filing Official Form 122A-1 Chapter 7 Statement of Your Current Monthly Income 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: **Calculate Your Current Monthly Income** 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. Married and your spouse is NOT filing with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filling on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions 4014 (before all payroll deductions). 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not 0 filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, profession, **Debtor 1** Debtor 2 or farm Gross receipts (before all deductions) 0 \$ Ordinary and necessary operating expenses 0 - \$ Copy here→ Net monthly income from a business, profession, or farm 6. Net income from rental and other real property Debtor 2 Debtor 1 Gross receipts (before all deductions) \$__ Ordinary and necessary operating expenses 0 - \$Copy Net monthly income from rental or other real property 0 Interest, dividends, and royalties 0

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| Debtor 1 | | German of Name | Case number (if known) |
|--|---|--|--|
| sinskryted-thi therenotes | | | Column A Column B Debtor 1 Debtor 2 or non-filing spouse |
| 8. Uner | nployment compensation | | \$ <u>0</u> |
| | ot enter the amount if you contend that er the Social Security Act. Instead, list it | | |
| Fo | or you | \$ | |
| Fo | or your spouse | \$ | |
| | sion or retirement income. Do not incl efit under the Social Security Act. | ude any amount received that was a | \$0 \$ |
| Don as a | me from all other sources not listed a not include any benefits received under to victim of a war crime, a crime against h rism. If necessary, list other sources on | the Social Security Act or payments re umanity, or international or domestic | eceived |
| | | | 0 <u>\$</u> |
| | | | 0 \$ |
| Tot | al amounts from separate pages, if any | | +\$ |
| 11 Cala | ulate your total current monthly inco | ma. Add lines 2 through 10 for each | |
| | mn. Then add the total for Column A to | | \$ 4014 + \$ = \$ 4014 Total current |
| Part 2: | Determine Whether the Mean | s Test Applies to You | monthly income |
| 12. Calc | ulate your current monthly income fo | | |
| 12a. | Copy your total current monthly incon | ne from line 11 | Copy line 11 here → \$ 4014 |
| | Multiply by 12 (the number of months | in a year). | x 12 |
| 12b. | The result is your annual income for the | his part of the form. | 12b. \$ 48168 |
| 13. Calc | ulate the median family income that | applies to you. Follow these steps: | |
| Fill ir | n the state in which you live. | NEW YORK | |
| Fill ir | n the number of people in your househo | ld. 4 | *************************************** |
| | Ţ. | | 13. \$ 96527 |
| To fi instr | nd a list of applicable median income an uctions for this form. This list may also b | mounts, go online using the link speci be available at the bankruptcy clerk's | fied in the separate office. |
| 14. How | do the lines compare? | | |
| 14a | Line 12b is less than or equal to lin Go to Part 3. | e 13. On the top of page 1, check box | 1, There is no presumption of abuse. |
| 14b. | Line 12b is more than line 13. On t Go to Part 3 and fill out Form 122A | | esumption of abuse is determined by Form 122A-2. |
| Part 3: | Sign Below | | |
| New Property and P | By signing here, I declare under per | nalty of perjury that the information on | this statement and in any attachments is true and correct. |
| 1100-00-00-00-00-00-00-00-00-00-00-00-00 | * JOSER SOTO | GERMAN | × |
| *************************************** | Signature of Debtor 1 | | Signature of Debtor 2 |
| | Date 19-718 | | Date |
| optembers of the state of the s | If you checked line 14a, do NOT | fill out or file Form 122A-2. | |
| | If you checked line 14b, fill out F | orm 122A-2 and file it with this form. | |

| | | | Pg 4 | 0 01 55 | | |
|--|---|-----------------------------|--|---|--|--|
| Fill in t | his information to id | entify your case: | | | | |
| Debtor 1 | Jose | Ramon | Soto German | 1 | | |
| Dahtau | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, | if filing) First Name | Middle Name | Łast Name | | | |
| United S | tates Bankruptcy Court fo | or the: SOUTHER Distric | t of NEW YORK | | | |
| | | District. | | | | |
| Case nu (if known | | | | | | Check if this is an |
| | | · | ······································ | | | amended filing |
| | | | | | | • |
| | | | | | | |
| Offici | al Form 107 | | | | | |
| State | ement of Fi | - nancial Δffai | rs for Indiv | iduals Filing f | or Bankrunto | T# 0.446 |
| | | | | | | |
| 3e as co | mplete and accurate | as possible. If two mar | ried people are filin | g together, both are equal | ly responsible for supply | ring correct |
| mormati | on. If more space is if known). Answer e | needed, attach a sepai | ate sheet to this fo | rm. On the top of any addit | ional pages, write your i | name and case |
| ildilibei (| ii kiiowiij. Aliswer e | very question. | | | | |
| Don't 4 | Chia Dataile Al | | | | | |
| Part 1: | Give Details An | out Your Marital Sta | atus and Where Y | ou Lived Before | | |
| . 140 | | | | | | |
| 1. Wha | t is your current mar | ital status? | | | | |
| I | Married | | | | | |
| F | Not married | | | | | |
| ************************************** | | | | | | |
| 2. Durii | og the last 3 years. h | ave you lived anywhere | other than where i | rou live nou? | | |
| Z 1 N | | ave you lived ally where | Coner than where | od live now? | | |
| | | aa way liyeed in the leat a | | | | |
| | es. List all Of the place | es you lived in the last 3 | years. Do not includ | e where you live now. | | |
| | Debtor 1: | | Dates Debtor 1 | Debtor 2: | $\frac{d}{dx} = \frac{dx^2 - dx}{dx} = \frac{dx}{dx} $ | Dates Debtor 2 |
| | | | lived there | | | lived there |
| | | | | ☐ Same as Debtor 1 | | п. |
| | | | | Same as Deptor 1 | | Same as Debtor 1 |
| | | | . From | | | From |
| | Number Street | | То | Number Street | | |
| | | | | | | То |
| | | | _ | | | |
| | City | State ZIP Code | <u> </u> | A., | | |
| *** . | Oity | State ZIP Code | - VI - 1987-350 Prof. Tuest Parl Land de Landers de Son Legis III - Tuesto, sigle la solid e 200 | City | State ZIP Code | Control with standard water of the Section of the Control of the C |
| | | | | Same as Debtor 1 | | Same as Debtor 1 |
| | | | | and do popular. | | Garrie as Deptor 1 |
| | Number Street | | . From | | | From |
| - | Muttibel Stieet | | То | Number Street | | То |
| | | | | | | |
| | | | | | | |
| | City | State ZIP Code | _ | City | State ZIP Code | |
| | • | | | Ony | State ZIP Code | |
| 3. Withi | n the last 8 vectore di | d van avar liva with a a | nouen or local amil | volont in a somewhite | | O |
| state: | s and territories includ | e Arizona, California, Ida | house or legal equi ho, Louisiana, Neva | valent in a community prop da, New Mexico, Puerto Ricc | perty state or territory?(b. Texas, Washington, and | Community property Wisconsin.) |
| ⊿ N | | | | , | ., . s Frankington, and | . Thousandly |
| Processors (| | out Schedule H: Your Co | debtors (Official For | m 106H) | | |
| Faveneral | zele jeu lii | | Control (Official FOI | in room. | | |
| | | | | | | |

Part 2: Explain the Sources of Your Income

Case number (if known)

Soto German

| in you are ming a joint case and you have me | ed from all jobs and all bus come that you receive toge | sinesses, including part-ti | r or the two previous cale me activities. ler Debtor 1 | ndar years? |
|---|--|--|--|--|
| ☐ No ☑ Yes. Fill in the details. | , | one of the same of the same | or popular t. | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions an exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | ✓ Wages, commissions, bonuses, tips☐ Operating a business | \$_34233 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$_0 |
| For last calendar year: (January 1 to December 31, Yr 2017 | Wages, commissions, bonuses, tips Operating a business | \$55283 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$_0 |
| For the calendar year before that: (January 1 to December 31, Yr 2016 YYYY | Wages, commissions, bonuses, tips Operating a business | \$_54550 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$_0 |
| List each source and the gross income from ϵ | each source separately. D | o not include income that | | under Debtor 1. |
| ✓ No ✓ Yes. Fill in the details. | each source separately. D | o not include income that | | under Deptor 1. |
| ⊿ No | each source separately. D | o not include income that | | under Deptor 1. |
| 2 No | | Gross Income from each source (before deductions and exclusions) | t you listed in line 4. | Gross income from each source |
| 2 No | Debtor/1/ Sources of income Describe below. | Gross income from each source (before deductions and | Debtor 2. Sources of income Describe below. | Gross income from each source (before deductions and |
| No Yes. Fill in the details. From January 1 of current year until | Debtor/1/ Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2. Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) \$ 0 | Debtor 2 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) \$ 0 |
| Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: | Debtor;it: Sources of income Describe below. | Gross income from each source (before deductions and exclusions) \$ 0 | Debtor 2. Sources of income Describe below. | Gross income from each source (before deductions and exclusions) \$ 0 |
| Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: | Debtor;it: Sources of income Describe below. | Gross income from each source (before deductions and exclusions) \$ 0 | Pebfor 2 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) \$ 0 |
| Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: | Debtor;it: Sources of income Describe below. | Gross income from each source (before deductions and exclusions) \$ 0 | Pebfor 2 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) \$ 0 |

Jose Ramon First Name

| | | | 3 |
|------------|-------------|-------------|--------------------------|
| Jose Rame | on | Soto German | Case number (# known) |
| First Name | Middle Name | Last Name | Cade Horriber (# Kilowa) |

| ie eid | ner Debtor 1's or Debtor 2's debts primarily | consumer debi | ts? | | | | | | |
|--------|---|--|--|--|---|--|--|--|--|
| No. | Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | | | | |
| | During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? | | | | | | | | |
| | ☐ No. Go to line 7. | | | | | | | | |
| | Yes. List below each creditor to whom you total amount you paid that creditor. E child support and alimony. Also, do r | o not include pa ot include payn | ayments for domestic sup nents to an attorney for thi | port obligations, such as s bankruptcy case. | | | | | |
| | * Subject to adjustment on 4/01/19 and every | 3 years after th | at for cases filed on or afte | er the date of adjustment. | | | | | |
| Yes | . Debtor 1 or Debtor 2 or both have primarily | consumer de | bts. | | | | | | |
| | During the 90 days before you filed for bankru | ptcy, did you pa | ay any creditor a total of \$6 | 600 or more? | | | | | |
| | No. Go to line 7. | | | | | | | | |
| | Yes. List below each creditor to whom you creditor. Do not include payments for alimony. Also, do not include payments | domestic supp nts to an attorne | ort obligations, such as chey for this bankruptcy case | ild support and | | | | | |
| | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for. | | | | |
| | Creditor's Name | | \$ | \$ | ☐ Mortgage | | | | |
| | ordana o mante | | | | ☐ Car | | | | |
| | Number Street | | | | Credit card | | | | |
| | | | | | | | | | |
| | | | | | Loan repayment | | | | |
| | | | | | | | | | |
| | City State ZIP Code | | | | | | | | |
| | City State ZIP Code | | # Sepherania and a control control and a | STAN MANAGE ARMINES IN NICH STANZANIAN BOWN A WAR ARMIN IN | Suppliers or vendor | | | | |
| | | | \$ | \$ | Suppliers or vendor | | | | |
| | City State ZIP Code Creditor's Name | | ************************************** | \$ | Suppliers or vendor Other | | | | |
| | | A company of the second | \$ | \$ | Suppliers or vendor Other Mortgage | | | | |
| | Creditor's Name | | \$ | \$ | Suppliers or vendor Other Mortgage Car | | | | |
| | Creditor's Name | | \$ | \$ | Suppliers or vendor Other Mortgage Car Credit card Loan repayment | | | | |
| | Creditor's Name | | \$ | \$ | Suppliers or vendor Other Mortgage Car Credit card Loan repayment | | | | |
| | Creditor's Name Number Street | | \$ | \$ | Suppliers or vendor Other Mortgage Car Credit card Loan repayment Suppliers or vendor | | | | |
| | Creditor's Name Number Street | | at the first and a second against states. At the particular is the | \$ | Suppliers or vendor Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other | | | | |
| | Creditor's Name Number Street | | \$ | \$ | Suppliers or vendor. Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other | | | | |
| | Creditor's Name Number Street City State ZIP Code Creditor's Name | | at the first and a second against states. At the particular is the | \$ | Suppliers or vendor Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other Mortgage | | | | |
| | Creditor's Name Number Street City State ZIP Code | | at the first and a second against states. At the particular is the | \$ | Suppliers or vendor Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other Mortgage Car Credit card | | | | |
| | Creditor's Name Number Street City State ZIP Code Creditor's Name | | at the first and a second against states. At the particular is the | \$ | Suppliers or vendor. Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other | | | | |

| btor 1 | Jose Ramon First Name Middle Name | Soto German | Case number (if known) |
|------------------------|--|--|---|
| corpo agent such | ers include your relatives; orations of which you are a t, including one for a busir as child support and alima | any general partners; r an officer, director, pers ness you operate as a s ony. | you make a payment on a debt you owed anyone who was an insider? ; relatives of any general partners; partnerships of which you are a general partner; rson in control, or owner of 20% or more of their voting securities; and any managing sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, |
| | oo. Got all paymond to al | i maide). | Dates of Total amount Amount you still Reason for this payment payment owe |
| i | nsider's Name | | \$\$ |
| į | Number Street | | |
| | City | State ZIP Code | |
| | in the first of the animal statement and an extended of the set force and the set of the second order of the second of the second order orde | | \$\$ |
| _ | nsider's Name Number Street | | |
| - | | | - |
| | City | State ZIP Code | |
| an ≀ns | 1 year before you filed sider? e payments on debts gua | | you make any payments or transfer any property on account of a debt that benefited by an insider. |
| A No | o s. List all payments that b | enefited an insider. | |
| | | | Dates of Total amount Amount you still Reason for this payment payment owe Include creditor's name |
| Īr | nsider's Name | | \$\$ |
| N | lumber Street | | |
| - c | ity | State ZIP Code | |
| W41 24 | THE TO THE SECOND STANDARD CONTRACTOR STANDARDS STANDARDS AND ANAMAS AND | ten for and find a 11 phillips of the discrimination when a course of public which we have | \$ \$ |
| _ | sider's Name | | |
| Ñ | umber Street | | |
| _ | | | |

Case number (if known)

Soto German

Debtor 1

Jose Ramon

| nin 1 year before you filed for bankruptcy all such matters, including personal injury c contract disputes. | /, were you a party in any laws ases, small claims actions, divo | suit, court action, or rces, collection suit | or administrative proceess, paternity actions, supp | eding? ort or custody modifica |
|---|--|---|---|---|
| No | | | | |
| es. Fill in the details. | | | | |
| - ;- - ;- - ;- - ;- - ; | Nature of the case | Court or agenc | y in the second second | Status of the cas |
| Case title | | | | Pending |
| | | Court Name | | On appeal |
| | | Number Street | | Concluded |
| Case number | | 457 1999 1553.3.10.0 | | |
| | | City | State ZfP Code | |
| Case title | | | | Pending |
| | | Court Name | | On appeal |
| | | Number Street | · | Concluded |
| Case number | | | | |
| | | City | State ZIP Code | |
| ck all that apply and fill in the details below. Io. Go to line 11. Yes. Fill in the information below. | | | sed, garnished, attache | d, seized, or levied? |
| ck all that apply and fill in the details below. | | | sed, garnished, attache | |
| ck all that apply and fill in the details below. | | | | |
| ck all that apply and fill in the details below. Io. Go to line 11. Tes. Fill in the information below. | Describe the property | | | |
| ck all that apply and fill in the details below. Io. Go to line 11. 'es. Fill in the information below. Creditor's Name | Describe the property Explain what happened | | | |
| ck all that apply and fill in the details below. Io. Go to line 11. 'es. Fill in the information below. Creditor's Name | Describe the property | ossessed. | | |
| ck all that apply and fill in the details below. Io. Go to line 11. 'es. Fill in the information below. Creditor's Name | Describe the property Explain what happened Property was repo | ossessed. | | |
| ck all that apply and fill in the details below. Io. Go to line 11. 'es. Fill in the information below. Creditor's Name | Explain what happened Property was repr Property was fore Property was gare | ossessed. | Date | |
| ck all that apply and fill in the details below. Io. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street | Explain what happened Property was repr Property was fore Property was gare | ossessed. closed. nished. | Date | d, seized, or levied? Value of the propert \$ |
| ck all that apply and fill in the details below. Io. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street | Explain what happened Property was reported Property was fore Property was gare Property was atta | ossessed. closed. nished. | Date | Value of the propert \$ Value of the propert |
| ck all that apply and fill in the details below. Io. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street | Explain what happened Property was reported Property was fore Property was gare Property was atta | ossessed. closed. nished. | Date | Value of the propert |
| City State ZIP Code | Explain what happened Property was reported Property was fore Property was gared Property was atta | ossessed. closed. nished. ched, seized, or lev | Date | Value of the propert \$ |
| Creditor's Name Creditor's Name Creditor's Name | Explain what happened Property was reported Property was fore Property was gared Property was atta Pescribe the property Explain what happened | ossessed. closed. nished. ched, seized, or lev | Date | Value of the propert \$ Value of the propert |
| Creditor's Name Creditor's Name Creditor's Name | Explain what happened Property was reported Property was fore Property was gared Property was attaned Property was attaned Property was attaned Property was reported Property was reported. | ossessed. closed. nished. ched, seized, or lev | Date | Value of the propert \$ Value of the propert |
| Creditor's Name Creditor's Name Creditor's Name | Explain what happened Property was reported Property was fore Property was gared Property was atta Pescribe the property Explain what happened | ossessed. closed. ched, seized, or lev | Date | Value of the propert \$ Value of the prope |

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Soto German

| Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from yo cocounts or refuse to make a payment because you owed a deot? No | Last Name | Case number (if known) |
|---|---|--|
| Describe the action the creditor took Date station Amount was taken Affilin 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of reditors, a court-appointed receiver, a custodian, or another official? No 1 Yes List Certain Gifts and Contributions It in 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? If No 1 Yes Fill in the details for each gift. Ciffs with a total value of more than \$600 Describe the gifts Dates you gave the gifts Value the gifts Detection relationship to you Gifts with a total value of more than \$600 Describe the gifts Detection of the details of the gifts Detection of the benefit of | | |
| Describe the action the creditor took Date station Amount was taken Affilin 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of reditors, a court-appointed receiver, a custodian, or another official? No 1 Yes List Certain Gifts and Contributions It in 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? If No 1 Yes Fill in the details for each gift. Ciffs with a total value of more than \$600 Describe the gifts Dates you gave the gifts Value the gifts Detection relationship to you Gifts with a total value of more than \$600 Describe the gifts Detection of the details of the gifts Detection of the benefit of | | |
| Describe the action the creditor took Date station Amount was taken Affilin 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of reditors, a court-appointed receiver, a custodian, or another official? No 1 Yes List Certain Gifts and Contributions It in 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? If No 1 Yes Fill in the details for each gift. Ciffs with a total value of more than \$600 Describe the gifts Dates you gave the gifts Value the gifts Detection relationship to you Gifts with a total value of more than \$600 Describe the gifts Detection of the details of the gifts Detection of the benefit of | ankruptcy, did any creditor, inc | luding a bank or financial institution, set off any amounts from your |
| Describe the action the creditor took Describe the possession of an assignee for the benefit of the benefit of the creditors, a court-appointed receiver, a custodian, or another official? Into 1 years before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of the creditors, a court-appointed receiver, a custodian, or another official? Into 2 years before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of the creditors, a court-appointed receiver, a custodian, or another official? Into 1 years before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of the creditors, a court-appointed receiver, a custodian, or another official? Into 1 years before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of the creditors, a court-appointed receiver, a custodian, or another official? | nt because you owed a debt? | • |
| Describe the action the creditor took Data action was taken Amount was taken Number Street Last 4 digits of account number: XXXX— (ifthin 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of reditors, a court-appointed receiver, a custodian, or another official? List Certain Gifts and Contributions Lithin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No Yes Fill in the details for each gift. Gifts with a total value of more than \$500 Describe the gifts Dates you gave the gifts Dates you gave the gifts City State ZPF Code Person a relationship to you Cifts with a total value of more than \$600 Describe the gifts S Cifts with a total value of more than \$600 Describe the gifts S Dates you gave Value the gifts S Cifts with a total value of more than \$600 Describe the gifts S Number Street City State ZPF Code Cifts with a total value of more than \$600 Searche the gifts S Number Street City State ZPF Code Cifts within You Gave Pra Gri | | |
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| Person to Whom You Gave the Gift Number Street City State ZIP Code | 00 Describe the ciffe | et la kompres de la |
| Person to Whom You Gave the Gift State ZIP Code | 하는 살이 하는 네트 사람들이 된 사람이 되는 사물이 하지만 그 사람들이 되는 | Dates you gave Value the gifts |
| Number Street City State ZIP Code | TANK I II IAA | |
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| Person's relationship to you | ue | |
| | | Describe the action the contributions Last 4 digits of account of the contributions Atributions Atributions Describe the gifts Describe the gifts Describe the gifts |

Jose Ramon

Soto German

| or 1 | Jose Ramo | | Last Massa | | | O400 114 | mber (if known) | | | |
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| | rustivanie | Middle Name | Last Name | | | | | | | |
| | | | | | | | | | | |
| Vithin | n 2 years before | e you filed for I | bankruptcy, | did you give a | any gifts or cor | tributions with | h a total valu | e of more tha | n \$600 | to any charity? |
| Z No | | | | | | | | | • | • |
| 🗖 Ye | es. Fill in the det | tails for each gif | t or contribut | tion. | | | , | | | |
| G | Gifts or contributi | long to about the | | | | | | | 14 | |
| | hat total more that | | D(| escribe what you | i contributed | | | Date you contributed | 1 | /aiue |
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| Cha | arity's Name | | | | | | | | , | · |
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| Nun | mber Street | | - | | | | | | | |
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| <u> </u> | I | | | | | | | | | |
| 6: | List Certai | n Losses | | | | | | | | |
| No Yes | s. Fill in the deta | g? ails. erty you lost and | D e | escribe any insu | rance coverage (| or the loss | | Date of your | | alue of property |
| isaste No Tyes De | s. Fill in the deta | g? ails. erty you lost and | Do Ini | escribe any insu clude the amount | with the control | or the loss | | | | alue of property |
| No Yes | s. Fill in the deta | g? ails. erty you lost and | Do Ini | escribe any insu clude the amount | rance coverage t | or the loss | | Date of your | | |
| Saste No Yes | s. Fill in the deta | g? ails. erty you lost and | Do Ini | escribe any insu clude the amount | rance coverage t | or the loss | | Date of your | | |
| Saste No Yes | s. Fill in the deta | g? ails. erty you lost and | Do Ini | escribe any insu clude the amount | rance coverage t | or the loss | | Date of your | | |
| No Yes | s. Fill in the deta escribe the propo ow the loss occu | g? ails. erty you lost and | Do In Cla | escribe any insu clude the amount aims on line 33 of | rance coverage t | or the loss | | Date of your | | |
| No Yes | s. Fill in the deta escribe the prope ow the loss occu | g? ails. erty you lost and rred Payments or | Do in cla r Transfers | escribe any insu clude the amount aims on line 33 of | rance coverage (that insurance ha Schedule A/B: Pi | or the loss s paid. List pendir operty. | ng insurance | Date of your loss | S | S |
| No De ho | s. Fill in the deta escribe the propose the loss occu List Certain 1 year before yonsulted about | g? ails. erty you lost and rred Payments or you filed for baseeking bankre | r Transfers | escribe any insu clude the amount aims on line 33 of s s lid you or anyce eparing a bank | rance coverage to that insurance he Schedule A/B. Properties one else acting truptcy petition | or the loss s paid. List pendicoperty. on your behale? | ng insurance | Date of your loss | serty to | sst |
| No De ho | s. Fill in the deta escribe the propose the loss occu List Certain 1 year before yonsulted about | g? ails. erty you lost and rred Payments or you filed for ba | r Transfers | escribe any insu clude the amount aims on line 33 of s s lid you or anyce eparing a bank | rance coverage to that insurance he Schedule A/B. Properties one else acting truptcy petition | or the loss s paid. List pendicoperty. on your behale? | ng insurance | Date of your loss | serty to | S |
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| No De ho | escribe the property of the loss occurrence oc | p? ails. erty you lost and rred Payments or you filed for ba seeking bankruptcy peti | r Transfers ankruptcy, druptcy or pre- | escribe any insuclude the amount aims on line 33 of same as a line 33 of same as a line as a lin | rance coverage of that insurance had Schedule A/B. Properties one else acting truptcy petition anseling agencies | or the loss s paid. List pendicoperty. on your behales for services response | f pay or tran | Date of your loss | serty to | |
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| 7: De ho | escribe the property of the loss occurrence occurrence of the loss occurrence occurrenc | Payments or you filed for baseeking bankruptcy peti | r Transfers ankruptcy, druptcy or pre- | escribe any insuclude the amount aims on line 33 of same as a line 33 of same as a line as a lin | rance coverage to that insurance he Schedule A/B. Properties one else acting truptcy petition | or the loss s paid. List pendicoperty. on your behales for services response | f pay or tran | Date of your loss sfer any propur bankruptcy Date payment transfer was | erty to | |
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| 77: Other Per Per Per Per Per Per Per Per Per P | s. Fill in the deta escribe the prope ow the loss occu List Certain 1 year before yonsulted about any attorneys, s. Fill in the deta | Payments or you filed for baseeking bankruptcy peti | r Transfers ankruptcy, druptcy or pre- | escribe any insuctive the amount aims on line 33 of second | rance coverage of that insurance had Schedule A/B. Properties one else acting truptcy petition anseling agencies | or the loss s paid. List pendicoperty. on your behales for services response | f pay or tran | Date of your loss sfer any propur bankruptcy Date payment transfer was | erty to | anyone |
| 7: De ho | escribe the proper ow the loss occur | Payments or you filed for baseeking bankruptcy peti | r Transfers ankruptcy, druptcy or pre- ition prepared | escribe any insuctive the amount aims on line 33 of second | rance coverage of that insurance had Schedule A/B. Properties one else acting truptcy petition anseling agencies | or the loss s paid. List pendicoperty. on your behales for services response | f pay or tran | Date of your loss sfer any propur bankruptcy Date payment transfer was | erty to | anyone |
| No De ho | escribe the proper ow the loss occur | Payments or you filed for baseeking bankruptcy peti | r Transfers ankruptcy, druptcy or pre- ition prepared | escribe any insuctive the amount aims on line 33 of second | rance coverage of that insurance had Schedule A/B. Properties one else acting truptcy petition anseling agencies | or the loss s paid. List pendicoperty. on your behales for services response | f pay or tran | Date of your loss sfer any propur bankruptcy Date payment transfer was | erty to | anyone |
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| No Yes De ho Tres Within ou conclude No Yes Per Nur City | s. Fill in the deta escribe the proper ow the loss occu List Certain 1 year before young alter about e any attorneys, s. Fill in the deta erson Who Was Paid ember Street | Payments or you filed for ba seeking bankruptcy peti ails. State ZIP Coss | r Transfers ankruptcy, druptcy or prediction prepared | escribe any insuctive the amount aims on line 33 of second | rance coverage of that insurance had Schedule A/B. Properties one else acting truptcy petition anseling agencies | or the loss s paid. List pendicoperty. on your behales for services response | f pay or tran | Date of your loss sfer any propur bankruptcy Date payment transfer was | erty to | anyone |

Jose Ramon

| ebtor 1 | Jose Ramon | | German | Case number (if known) | | |
|---------------|---|---|---|--|-----------------------------------|--------------------------|
| | First Name Middle Nam | e Last N | ame | | | |
| • | | | Description and value of any property (| \$10 may 10 may 1 | Date payment or transfer was made | Amount of payment |
| | Person Who Was Paid | | | de l'occide de selves d'accident de la company de la comp | | |
| | Number Street | | | | | \$ |
| | - | | | | | \$ |
| | City State | ZIP Code | | | | |
| | Email or website address | | | | | |
| | Person Who Made the Payment, it | f Not You | | | | |
| Do n | not include any payment or | transfer that you | rs or to make payments to your cred u listed on line 16. | nitors? | | |
| | | | Description and value of any property to | ansferred | Date payment or transfer was | Amount of payr |
| | Person Who Was Paid | | | | made | |
| | Number Street | Antorita interestati | | | | \$ |
| | City State | ZIP Code | | | | \$ |
| Inclu Do n | sterred in the ordinary co de both outright transfers a ot include gifts and transfel | urse of your buind transfers ma | cy, did you sell, trade, or otherwise tusiness or financial affairs? ade as security (such as the granting of already listed on this statement. | | | |
| 1tanama/ | | | Description and value of property transferred | Describe any property or debts paid in exchan | or payments received | Date transfe was made |
| | Person Who Received Transfer | | | | | |
| | Number Street | | | | | |
| ; | City State | ZIP Code | | | | |
| | Person's relationship to you | To the discount of the second | | | | |
| i | Person Who Received Transfer | | | | | |
| ī | Number Street | - | | | | |
| - | | | | | | The second second |
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Soto German

| otor 1 | Jose Ramon First Name Middle Name | Soto German | Case number (if known) |
|---------------|--|--|--|
| | First Name Middle Name | Last Name | |
| | | | |
| Withi | n 10 vears before you filed | for hankruntey, did you transfer as | ny property to a self-settled trust or similar device of which you |
| | | ten called asset-protection devices.) | ny property to a sen-settled trust of similar device of which you |
| Z N | - ' | , | |
| ONE COMMENT | es. Fill in the details. | | |
| - . | es. Fill in the details. | | |
| | | Description and value of | f the property transferred Date transfer |
| | | | was made |
| | | | |
| N | ame of trust | | |
| | | | |
| _ | | | |
| | | | |
| rt 8: | List Certain Financial | Accounts. Instruments. Safe | Deposit Boxes, and Storage Units |
| 30560-5 | | | |
| | n र year before you filed fo ed, sold, moved, or transfer | | ccounts or instruments held in your name, or for your benefit, |
| | | | unts; certificates of deposit; shares in banks, credit unions, |
| | | ds, cooperatives, associations, and | |
| U N | | | , |
| annous de | es. Fill in the details. | | |
| 1 | | Last 4 digits of account | number Type of account or Date account was Last balance before |
| | | Last 4 digits of account | number Type of account or Date account was Last balance before closed, sold, moved, closing or transfer |
| | | | or transferred |
| ī | Name of Financial Institution | | |
| | | XXXX | |
| Ī | Number Street | | ☐ Savings |
| _ | | | ☐ Money market |
| | | | ☐ Brokerage |
| 7 | City State | ZIP Code | Other |
| | and the second s | i on this base on the second s | Make Application and MA Extraordal that make in a construction and an extraordal and |
| | | XXXX · | ☐ Checking \$ |
| Ĭ | Name of Financial Institution | | □ Savings |
| _ | | | |
| 1 | Number Street | | Money market |
| - | | | ☐ Brokerage |
| _ | | | ☐ Other |
| (| City State | ZIP Code | |
| Do yo | ou now have, or did you ha | ve within 1 year before you filed fo | r bankruptcy, any safe deposit box or other depository for |
| | rities, cash, or other valuab | eles? | |
| Z N | | | |
| ∟] Ye | es. Fill in the details. | | |
| | | Who else had access to | o it? Describe the contents Do you still have it? |
| | | | |
| | | | ☐ No |
| 4 | lame of Financial Institution | Name | □ Yes |
| _ | | | |
| 1 | Number Street | Number Street | |
| - | | | |
| | | City State ZIP | Code |

Jose Ramon

Filed 09/26/18 Entered 09/26/18 11:04:42 Main Document 18-12920-mew Doc 1 Pg 49 of 55

| | Jose Ramon First Name Mid | | to German | | Case | number (if known) | | |
|--|---|--|--|--|--|---|--|---|
| | | | azi none | | | | | |
| 22. Have | you stored property | y in a storage un | it or place other than | your home wit | hin 1 year b | efore you filed f | or bankruptcy: | , |
| WAI NO | o es. Fill in the details | | | | | | | |
| | ss. i iii iii tite detaiis | > • | Who else has or h | ad access to it? | 7 <u>1</u> 11 | Describe the conte | anta | i i i i i i i i i i i i i i i i i i i |
| | | | | and the second of the second of the second | | Describe the Cont | ents | Do you still have it? |
| | | | | | PERMANANTA | | | □ No |
| i | Name of Storage Facility | | Name | | | | | Yes |
| , | Number Street | | Number Street | ······································ | | | | r. expenses |
| | | | | | Whit laid themse | | | 1-97711 |
| · | | | CityState ZIP Code | | | | | *************************************** |
| - worker to a section of | City of allows we contain the statement of the contains and the contains a | State ZIP Code | en de la monte de representation de la constantina del constantina del constantina de la constantina del constantina | energy and N.M. Gray (***) | ن أد ميومتمد بالمساد | t en entre trent e en entrette i transit e en e | CONTROL AND PROPER CONTROL OF THE PARTY OF THE PARTY. | |
| Part 9: | Identify Duc. | | | | | | | |
| | | | l or Control for So | | | | | |
| 23. Do yo or ha | ou hold or control a lid in trust for some | ny property that | someone else owns | ? Include any p | roperty you | borrowed from, | , are storing for | ·, |
| ☑ N | | | | • | | | | |
| 1 Y | es. Fill in the details | s. | | | | | | |
| | | | Where is the proper | rty? | | Describe the prope | erty | Value |
| _ | | | _ | | The state of the s | | | |
| (| Owner's Name | | - | | 1 | | | \$ |
| | | | | | | | | |
| ī | lumber Street | | - Number Street | | | | | III LEEDEN I I III. |
| ī | lumber Street | | Number Street | | THE REAL PROPERTY OF THE PERSON OF THE PERSO | | | |
| - | | | Number Street | State ZIP | Code | | | |
| - | Dity | State ZIP Code | - City | | Code | November 1 to 1 t | | |
| - | Dity | | - | | Code | | | |
| o Part 10: | Dity | About Environ | - City Imental Informatio | | Code | | | |
| Part 10: For the p | Give Details urpose of Part 10, to commental law mean | About Environ the following def is any federal, sta | - City Imental Information finitions apply: ate, or local statute o | on or regulation co | ncernina pa | ollution, contami | nation, release | s of |
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Jose Ramon Soto German Debtor 1 Case number (ir known) 25. Have you notified any governmental unit of any release of hazardous material? ☑ No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State ZIP Code State ZIP Code 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. Status of the Case title Pending On appeal Number Street Concluded Case number City ZIP Code Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. **Business Name** Number Street Name of accountant or bookkeeper Dates business existed From To Describe the nature of the business Employer Identification number Do not include Social Security number or ITIN. Business Name Number Street Name of accountant or bookkeeper Dates business existed

ZIP Code

From ____ To

| at the Sub Pale Visit of the Succeeding At the | en a trademan apalaneta mur terdera minan arzelet. Etx coré ce namen | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
|--|---|--|--|
| Busines | s Name | | EIN: |
| Number | Street | Name of accountant or bookkeeper | Dates business existed |
| City | State Zi | IP Code | From To |
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| stitutions []No | i, creditors, or other pa | erties. | ent to anyone about your business? Include all financial |
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| Name | | MM / DD / YYYY | |
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| I have read answers a fin connect 18 U.S.C. Signatu Date 1 No Did you at 1 Yes Did you pa | gn Below d the answers on this are true and correct. I ution with a bankruptcy §§ 152, 1341, 1519, and 155 CP S S T Utre of Debtor 1 | Statement of Financial Affairs and any attack inderstand that making a false statement, co case can result in fines up to \$250,000, or in 3571. Section 1 Signature of Debtor Date | oncealing property, or obtaining money or property by fraumprisonment for up to 20 years, or both. r 2 dividuals Filing for Bankruptcy (Official Form 107)? out bankruptcy forms? |

| Fill in this information to identify your case: | | | |
|---|---------------------|--------------------------|----------------|
| Debtor 1 | Jose | Ramon | Soto German |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E | Bankruptcy Court fo | or the: SOUTHER District | et of NEW YORK |
| Case number | | | |
| (If known) | | | |
| | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form,

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

| Identify the creditor and the property that | t is collateral What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|--|---|---|
| Creditor's | Surrender the property. | No |
| name: | Retain the property and redeem it. | res |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| ••••••• | Retain the property and [explain]: | _ |
| Creditor's | Surrender the property. | No |
| | Retain the property and redeem it. | Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| | Retain the property and [explain]: | _ |
| Creditor's | Surrender the property. | No |
| name: | Retain the property and redeem it. | Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | E |
| · | Retain the property and [explain]: | _ |
| Creditor's | Surrender the property. | No |
| | Retain the property and redeem it. | Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | lancad |
| • | Retain the property and [explain]: | _ |

Debtor 1

Jose Ramon

Soto German

Pg 53 of 55

Case number (If known)_____

| First Name | Middle Name | Last Name | | | |
|------------|-------------|-----------|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |

| or any unexpired personal property lease that you listed in Schedule G: Executory Contracts and I in the information below. Do not list real estate leases. Unexpired leases are leases that are still inded. You may assume an unexpired personal property lease if the trustee does not assume it. 1 Describe your unexpired personal property leases Lessor's name: Description of leased property: Lessor's name: | Il in effect; the lease period has not yet |
|---|--|
| Describe your unexpired personal property leases Lessor's name: Description of leased property: | □No |
| Lessor's name: Description of leased property: | |
| Description of leased property: | |
| Lessor's name: | |
| | □No |
| Description of leased property: | Yes |
| Lessor's name: | □ No |
| Description of leased property: | Yes |
| Lessor's name: | □No □Yes |
| Description of leased property: | |
| Lessor's name: | <u>U</u> No |
| Description of leased property: | Yes |
| Lessor's name: | [B]No |
| Description of leased property: | Yes |
| Lessor's name: | □N ₀ |
| Description of leased property: | Yes |

United States Bankruptcy Court southern District Of NEW YORK

IN RE. Soto German, Jose

Debtor(s).

Case No.

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of my/our knowledge and that it corresponds to the creditors listed in my/our schedules.

Date: 9-19-218

JOSER-SOOGERMAN Debtor

Joint Debtor

Cavalry Portfolio Service 500 Summit Lake Dr Ste 400 Valhalla NY 10595

Portfolio Recovery 120 Corporate Blvdsuite 100 Norfolk VA 23502

Regional Acceptance Corp 1424e East Fire Tower Rd Greenville NC 27858

Santander Consumer Usa Po Box 961245 Fort Worth TX 75161

Syncb/car Care Syn Po Box 965036 Orlando FL 32896